ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	9/1/2009 WRITTEN
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	\$2.00E.0E0	2.2%
15. Other Workers Compensation	\$2,895,059	2.270
Line of Insurance		
Does filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	
boos ming only apply to contain territory (to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Brief description of filing. (If filing follows rather to the enclosed Actuarial Memorandum	ates of an advisory organization, specify organization.	anization): NCCI
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	ich will result from application of new rates.	
	·	
		ire and Casualty Company
•	N	ame of Company
	Dan Francis	s, Regulatory Filing Analyst
		Official – Title



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	October 15, 2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers' Compensation Line of Insurance 	52,987 (territories) or certain classes? If so, specify:	-5.51%
	vs rates of an advisory organization, speci	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates.	
	AmTr	ust Ins. CoKansas lame of Company
		au/Forms Compliance Manager Official – Title

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OCT 1 5 2009

Section 754 EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



SUMMARY SHEET

effective September 1, 2009	premium or rate level produced b	DEPARTMENT OF INSI SPRINGFIELD, ILLIN
(1)	(2)	(3)
,	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Pri		
Passenger		
Commercial		
Automobile Physical Da	amag	
Private Passenger	3	•
Commercial		
Liability Other Than Au	to	
Burglary and Theft		
Glass		
Fidelity		
Surety	**************************************	
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine	****	
Homeowners		
Homeowners Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	16,287	-11.3%
Life of Insurance		-11.3%
Does filing only apply to Classes? If so, specify:	o certain territory (territories) or o	certain
Brief description of filin	g. (If filing follows rates of an ad	lvisorv
Organization, specify		•
organization):	Change to Loss Cost Mult	iplier Only
*Adjusted to reflect all	•	
**Change in Company' rates.	s premium level which will result	
	Federated Rural Ele	
		ne of Company
	Annette Alexander -	
	0	fficial – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	1-1- -7/1/2009 2010
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<u></u>		· · · · · · · · · · · · · · · · · · ·
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	5,650,702	+1.6%
44.00	territories) or certain classes? If so, specify	
Brief description of filing. (If filing follows	rates of an advisory organization, specify o	rganization):
File to adopt NCCI Employers Liability Ba	asic Limits:	
\$100,000 Bodily Injury By Accident		
\$100,000 Bodily Injury By Disease \$500,000 Bodily Injury By Disease - Police	n. l imit	
	orresponding Increased Limits Table of F	actors for higher limits of Employers
Liability and the Minimum Premium for Ir		actors for higher littles of Employers
Clability and the Minimidity Fremdit for in	icreased Limits.	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates	S.
	The First!	porty Incurance Corneration
	Ine First Li	perty Insurance Corporation Name of Company
	Bonnie Roeder	State Filings Analyst
		Official – Title



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NOV 0 1 2009

(RF-3)

SUMMARY SHEET

	level produced by rate November 1, 2009	STATE OF ILLINOIS DEPARTMENT OF INSURANC SPRINGFIELD, ILLINOIS
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
Automobile Liability		·
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Liability other than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire & Allied Lines		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril*		
Crop Hall		
Workers Compensation	5,851,106	7.9%
Other		
Brief description of filing. (If filing fol organization):	lows rates of an advisory We are adopting NCCI loss costs and	
	Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire & Allied Lines Extended Coverage Inland Marine Homeowners Commercial Multi-Peril* Crop Hall Workers Compensation Other Does filing only apply to certain territoclasses? If so, specify: No Brief description of filing. (If filing fol	Coverage Coverage Coverage Coverage Commercial Automobile Hysical Damage Private Passenger Commercial Liability other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire & Allied Lines Extended Coverage Inland Marine Homeowners Commercial Multi-Peril* Crop Hall Workers Compensation Other Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

* Adjusted to reflect all prior rate changes.

Grange Mutual Casualty Company
Name of Company

Mark Denny - Pricing Analyst IV
Official - Title

^{**} Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

1-1-2010

Change in Company's premium or rate level p	produced by rate revision effective	7/1/2000
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
14. Crop Hail	405 740 544	+1.6%
15. Other Workers Compensation	135,710,514	+1.0%
Does filing only apply to certain territory (terribrial description of filing. (If filing follows rate: File to adopt NCCI Employers Liability Basic \$100,000 Bodily Injury By Accident \$100,000 Bodily Injury By Disease \$500,000 Bodily Injury By Disease - Policy Lin addition, we request to adopt the correst Liability and the Minimum Premium for Incre	s of an advisory organization, speci <u>Limits:</u> <u>mit</u> sponding Increased Limits Table o	fy organization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new r	rates.
	_ Lib	erty Insurance Corporation
		Name of Company
	Dannia Dandar	State Filinge Applyat
	Bonnie Roeder	State Filings Analyst Official – Title



JAN 0 1 2010

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

	SUMMART SHEET	1-1-2010
Change in Company's premium or rate level	produced by rate revision effective	
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	53,417,444	+1.6%
Line of Insurance		
Does filing only apply to certain territory (terr	ritories) or certain classes? If so, specif	fy:
Brief description of filing. (If filing follows rate	es of an advisory organization, specify	organization):
File to adopt NCCI Employers Liability Basic		0.9u.,,2u.0,,.
\$100,000 Bodily Injury By Accident		
\$100,000 Bodily Injury By Disease		
\$500,000 Bodily Injury By Disease - Policy L	imit	
In addition, we request to adopt the corre		Factors for higher limits of Employers
Liability and the Minimum Premium for Incre		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	h will result from application of new rate	es.
	Liberty Mu	tual Fire Insurance Company
		Name of Company
	Bonnie Roeder	State Filings Analyst
	Domine Modden	Official – Title



JAN 0 1 2010

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

1-1-2010

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Comm 		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
13. Commercial Multi-Peril 14. Crop Hail 15. Other <u>Workers Compensatio</u>	n 7,067,301	+1.6%
14. Crop Hail 15. Other <u>Workers Compensatio</u> Line of Insurance		
14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain to Brief description of filing. (If filing File to adopt NCCI Employers Lia \$100,000 Bodily Injury By Accide \$100,000 Bodily Injury By Diseas \$500,000 Bodily Injury By Diseas	follows rates of an advisory organization, specify ability Basic Limits: int ise ise - Policy Limit of the corresponding Increased Limits Table of	ify: organization):
14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain to Brief description of filing. (If filing File to adopt NCCI Employers Lia \$100,000 Bodily Injury By Accide \$100,000 Bodily Injury By Diseas \$500,000 Bodily Injury By Diseas In addition, we request to adop Liability and the Minimum Premise *Adjusted to reflect all prior rate of	follows rates of an advisory organization, specify ability Basic Limits: ont see - Policy Limit of the corresponding Increased Limits Table of the corresponding Increased Limits. changes. In level which will result from application of new rates.	organization): Factors for higher limits of Employettes. Mutual Insurance Company
14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain to Brief description of filing. (If filing File to adopt NCCI Employers Lia \$100,000 Bodily Injury By Accide \$100,000 Bodily Injury By Diseas \$500,000 Bodily Injury By Diseas In addition, we request to adop Liability and the Minimum Premise *Adjusted to reflect all prior rate of	follows rates of an advisory organization, specify ability Basic Limits: ont see - Policy Limit of the corresponding Increased Limits Table of the corresponding Increased Limits. changes. In level which will result from application of new rates.	organization): Factors for higher limits of Employettes.
14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain to Brief description of filing. (If filing File to adopt NCCI Employers Lia \$100,000 Bodily Injury By Accide \$100,000 Bodily Injury By Diseas \$500,000 Bodily Injury By Diseas In addition, we request to adop Liability and the Minimum Premise *Adjusted to reflect all prior rate of	follows rates of an advisory organization, specify ability Basic Limits: ont see - Policy Limit of the corresponding Increased Limits Table of the corresponding Increased Limits. changes. In level which will result from application of new rates.	organization): Factors for higher limits of Employettes. Mutual Insurance Company

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ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

1-1-2010

Change in Company's premium or rate le	evel produced by rate revision effective	7/1/20 09
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners 		
 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance 	10,035,405	+1.6%
Brief description of filing. (If filing follows File to adopt NCCI Employers Liability B \$100,000 Bodily Injury By Accident \$100,000 Bodily Injury By Disease \$500,000 Bodily Injury By Disease - Poli	icy Limit corresponding Increased Limits Table of	organization):
*Adjusted to reflect all prior rate change: **Change in Company's premium level v	which will result from application of new rate	tes. Insurance Corporation Name of Company
	Bonnie Roeder	State Filings Analyst Official – Title



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	9/1/2009 WRITTEN
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercia	al	
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$2,999,962	2.4%
Line of Insurance		
	ry (territories) or certain classes? If so, specify: rs rates of an advisory organization, specify organization.	nization): NCCI
*Adjusted to reflect all prior rate change **Change in Company's premium level	which will result from application of new rates. The Ohio Case Na Dan Francis,	sualty Insurance Company me of Company Regulatory Filing Analyst
	•	Official – Title



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ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	9/1/2009 WRITTEN
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		·
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$584,946	2.3%
Line of Insurance		
Does filing only apply to certain territory (terr	ritories) or certain classes? If so, specify:	
Brief description of filing. (If filing follows rate Please refer to the enclosed Actuarial Memorandum.	es of an advisory organization, specify organization.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	h will result from application of new rates.	
-		
		urity Insurance Company
	N	ame of Company
	Dan Francis	s, Regulatory Filing Analyst
		Official - Title



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NOV 0 1 2009

	age in Company's premium or rate lo ion effective (1)	(2)	STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS (3)
	(1)	(2)	
			Percent
	Coverage	Annual Premium Volume (Illinois)*	Change (+ or -) **
l. Auto	mobile Liability		
	ate Passenger		
	mercial		
2. Auto	mobile Physical Damage		
	ate Passenger		
	mercial		
3. Liabi	ility other than Auto		
	lary and Theft		
5. Glass	•		
5. Fidel			
7. Sure	•		
	er and Machinery		
	& Allied Lines		
	nded Coverage		
	nd Marine		
	neowners		
	mercial Multi-Peril*		
4. Crop			<u> </u>
		905.090	-4.1%
	-	703,050	
6. Othe	kers Compensation If the state of the state	y (territories) or certain	-4,1%

* Adjusted to reflect all prior rate changes.

Trustgard Insurance Company
Name of Company

Mark Denny - Pricing Analyst IV
Official - Title

^{**} Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		9/1/2009 WRITTEN	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
Extended Coverage			
11. Inland Marine			
12. Homeowners		<u> </u>	
13. Commercial Multi-Peril			
14. Crop Hail		0.0%	
15. Other Workers Compensation	\$4,380,357	2.2%	
Line of Insurance			
Brief description of filing. (If filing follows	rates of an advisory organization, specify org	anization): NCCI	
Please refer to the enclosed Actuarial Memorandu	m. NCCI LAW Only Fi	(1N1	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates.		
	West Ame	erican Insurance Company	
•		lame of Company	
	Dan Franci	is, Regulatory Filing Analyst	
		Official – Title	



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